

NOTIFICATION OF ADDRESS CHANGE

Whenever a physician changes the location of his office, NRS 630.254 provides that:

1. Any licensee who changes the location of his office in this state shall notify the Board of the change before practicing at the new location.
2. Any licensee who closes his office in this State shall:
 - (a) Notify the Board of this occurrence within 14 days after the closure; and
 - (b) For a period of 5 years thereafter keep the Board apprised of the location of the medical records of his patients.

Please send this **Notification of Address Change** to: Nevada State Board of Medical Examiners
P.O. Box 7238, Reno, NV 89510-7238

Date: _____ **Nevada License #:** _____

Name: _____
(first) (m.i.) (last)

NEW Public Mailing Address

(street)

(city) (state) (zip)

County: _____

Public Telephone No.: _____

PREVIOUS Public Mailing Address

(street)

(city) (state) (zip)